

U.S. Department of Justice
United States Marshals Service

Case 5:10-cv-01345-C

Document 14


Filed 12/22/10

Page 1

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF STEVEN LEE CRAIG COURT CASE NUMBER CIV-10-1345-C

DEFENDANT THE UNITED STATES of AMERICA TYPE OF PROCESS S/C

SERVE  **AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
U.S. ATTORNEY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
WASHINGTON D.C.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

<u>STEVEN L CRAIG</u> <u>1309 HISEL RD</u> <u>DEL CITY, OK 73115</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>5</u>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

All SUMMONS TO U.S. GOVERNMENT OFFICES

RECEIVED
DEC 17 2010
U.S. MARSHALS W/OK

Signature of Attorney or other Originator requesting service on behalf of: Steve Dy PRO SE ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER 405 670 1784 DATE 12/17/2010

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin <u>64</u> No.	District to Serve <u>16</u> No.	Signature of Authorized USMS Deputy or Clerk <u>JS</u>	Date <u>12-20-10</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <u>na</u>	Time <u>-</u> pm
Signature of U.S. Marshal or Deputy <u>JS</u>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee <u>800</u>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
12-20-10 mailed by certified mail. Receipt # 7010-0290-0002-7898-4580.
Return Receipt green card rec'd 1-11-11

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent
Postmark
Here
12-20-10

Sent To USAO, DOJ
 Street, Apt. No.,
 or PO Box No. 12 & Const.
 City, State, ZIP+4 Washington 20530

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>United States Attorney General US DOJ—Main Justice Bldg. 10th & Constitution Avenue Washington, DC 20530</p> <p>2. Article Number (Transfer from service label)</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>DEC 29 2010</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	

7010 0290 0002 7898 4580

102595-02-M-1540